

## **HOW TO FILE A SERIOUS & WILLFUL MISCONDUCT PETITION**

This petition should be completed if you have been injured by reason of the serious and willful misconduct of your employer.

This petition must be filed within twelve (12) months from the date of injury.

A serious and willful petition is filed only as a companion to a pending Workers' Compensation Appeals Board (WCAB) case. In order to open a WCAB case you must file an Application for Adjudication (see I&A Guide 10). When you are ready to have a WCAB hearing, you must also file a Declaration of Readiness to Proceed (see I&A Guide 07).

Serious and Willful Misconduct can be very difficult to prove. Because of the technical nature of this petition, you may need legal advice.

Please find attached a blank form that may be used to write out your petition. Also attached is a sample that may be used as a guide.

The original documents should be mailed or brought to the WCAB. Copies must be sent to your employer. It is recommended you use Proof of Service (see attached).

Keep a copy for your records.

If you need additional information, you may call an I&A Office. The local phone numbers are listed on the back of this guide.

*The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.*

# WORKERS' COMPENSATION APPEALS BOARD

## DISTRICT OFFICES

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<b>ANAHEIM, 92801</b> 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	<b>SALINAS, 93906</b> 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
<b>BAKERSFIELD, 93309</b> 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	<b>SAN BERNARDINO, 92401-1888</b> 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
<b>EUREKA, 95501-0421</b> 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	<b>SAN DIEGO, 92101-3690</b> 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
<b>FRESNO, 93721-2280</b> 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	<b>SAN FRANCISCO (DISTRICT OFFICE), 94102</b> 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
<b>GOLETA, 93117</b> 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	<b>SAN JOSE, 95113</b> 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
<b>GROVER BEACH, 93433-2261</b> 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	<b>SANTA ANA, 92701-4080</b> 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
<b>LONG BEACH, 90802-4460</b> 300 Oceangate Street, 3 <sup>rd</sup> Floor Information & Assistance Unit	(562) 590-5240	<b>SANTA MONICA, 90405-5200</b> 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
<b>LOS ANGELES, 90013</b> 340 West 4 <sup>th</sup> Street, 9 <sup>th</sup> Floor Information & Assistance Unit	(213) 576-7389	<b>SANTA ROSA, 95404</b> 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
<b>OAKLAND, 94612</b> 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	<b>STOCKTON, 95202-2314</b> 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
<b>POMONA, 91766</b> 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	<b>VAN NUYS, 91401-3373</b> 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
<b>REDDING, 96001-2796</b> 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	<b>VENTURA, 93003-6085</b> 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
<b>RIVERSIDE, 92501</b> 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	<b>WALNUT CREEK, 94598</b> 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
<b>SACRAMENTO, 95825</b> 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

NAME  
STREET  
CITY, STATE, ZIP CODE

TELEPHONE #:

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

<i>your name</i>	Applicant,	WCAB#:
vs.		
<i>your employer</i>	Defendants.	<i>Application for benefits for serious and willful misconduct of employer</i>

*Explain in your own words why you feel  
you are entitled to these benefits.*

X *your signature*

*date mailed*

NAME  
STREET  
CITY, STATE, ZIP CODE

TELEPHONE #:

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

vs.	Applicant,
	Defendants.

WCAB#:

APPLICATION FOR BENEFITS FOR  
SERIOUS AND WILLFUL MISCONDUCT  
OF EMPLOYER

# Sample

## Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of your county California. I am over the age of eighteen years, my (business/residence) address is:

Put your home address here.

On today's date, I served the attached serious & willfull petition on the your employer

in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

city where you mailed this addressed as follows

your employer and his/her address

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) today's date, at city California.

Type or print name print your name

Signature sign your name

## Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of \_\_\_\_\_ California. I am over the age of eighteen years, my (business/residence) address is:

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On \_\_\_\_\_, I served the attached \_\_\_\_\_ on the \_\_\_\_\_ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

\_\_\_\_\_ addressed as follows \_\_\_\_\_

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) \_\_\_\_\_, at \_\_\_\_\_ California.

Type or print name \_\_\_\_\_

Signature \_\_\_\_\_